

AUTHORIZATION FOR AUTOMATIC BILL PAYMENT

I hereby authorize the City of Victoria and the financial institution named below to make debit entries from my bank account for the payment of my City utility bill. I understand that this authority will remain fully effective until I cancel my authorization by calling (952) 443-4210 or by sending a written notice to the address above, providing the City a reasonable opportunity to act upon my notice. I have the right to stop payment within seven (7) days of my billing due date, but I must notify the City of Victoria Utility Billing Department of this stop payment request. I understand that the City of Victoria reserves the right to terminate this payment plan or my participation in it. A \$30 NSF fee will apply for items returned for non-payment.

Customer Name (Please Print) Telephone Number (____) _____

Street Address City State Zip

Name of Bank or Financial Institution Branch

9-Digit Financial Institution Routing Number Account Number

___ Checking Account ___ Savings Account

*Optional – provide your e-mail address to enroll in paperless billing! Utility Account Number

Signature Date

Attach voided check or deposit slip here